Approved for use through TRI 12005, OHD 0551-0012

U.S. Psteri and Tredenian Office; U.S. DEPARTMENT OF COMMERCE
of to a collection of Information unless it displays a wald OMB control number
ON DECORD

nder the Peperwork Reduction Act of 1895, no persons are regulard to respond to a code PATENT APPLICATION FEE DETERMINATION REC Substitute for Form PTO-875							TOH	5.14	144
APPLICATION AS FILED - PART I (Cotumn 1) (Column 2)						SMALL ENTITY		OTHER I	
FOR HUMBER FELED			MUNISER EXTRA		RATE (1)	FEE (1)		RATE (1)	2554-
SIC FEE . N/A		N/A		N/A			HKY _	70-	
CFR 1.16(d, p). or (d)		N/A		NVA	<u> </u>]		100-	
37 CFR 1.16(1), 17. 00 (171) EXAMENATION FEE N/A 137 CFR 1.16(4), (6), (6)			NVA		N/A		1	H/A	400
OTAL CLAIMS		•		X *		on	X =		
HOEPENDENT CLAIMS minus 3 =				х - <	<u> </u>	.	X . 5		
ATPLICATION EDE	If the specification and drawings exceed the								- "
TEE (37 CFR 1.16(•))	to 1250 (\$125 for small entity) for each additional 50 streets or fraction thereous 55 U.S.C. 41(a)(1)(G) and 37 CFR 1.			201. 200	_			1 17 1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(1))					14/4]	, eka	0
* If the difference in column 1 is less than zero, enter "0" in column 2.							١.	TOTAL	400
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MPPUC	IA ŻĄ NOITA	MENDE!			01444	cumTV :	OR		HAHT S YTITKIB.
(Column 1) (Column 3)					SWALL	ENTITY	7 .		ADDI
<	CLAINS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	MESCHT EXTRA	RATE (\$)	ADOI- TAHOIT TEE (1)]	RATE (1)	LEE (2)
Z Yolal	UNENOMENT !	Minus	= 9	-//	х		Oft	x =	
D particular	-	Minus .	- 21		×		on 🗠	×	
Application State F	06 (37 CFR 1.16	(6))					\dashv		
REST PRESENTATION OF MALTELE DECIENDENT CLAIM (B) CFR 1.16(D)					11/3		OR	LATOT	
					TOTÁL ADOL FE	<u> </u>	OF		L
	(Column 1)	•	(Column 2)	(Column 3)			 1	1	
0	CLAIMS REIMAINING AFTER		HIGHEST HUMBER PREVIOUSLY	PRESENT	NATE (S	ADDI- TIOKA FEE (1	.c	RATE (S)	ANOI- TIONA FEE (S
5	MEHONEHT	Minus	PAID FOR	=	×	= 1.001	0	R X	74 5-17 19 19
Total (HORI.144)		cuniks	***	-			0	R ×	=
M CHOLFTINGS		[C(2)]	L	1	1				
S Analogical Size Fee (37 Crit 110)					· N/A		c	R	
FIRST PRESENTATION OF MIR TIPLE DEPENDENT CLASM (1) CER 1.16(D)								R ADDIFE	E-
1					ADD'L FO			٠.	

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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If you need assistance in completing the form, call 1-800 PTO-9199 and select collect 2.